

**Wyoming Department of Health
Office of Healthcare Licensing and Surveys**

Assisted Living Facility

Paperwork Requirements for State Licensure

Facility Name: _____ City: _____

- _____ 1. A completed license application form and appropriate fee.
- _____ 2. A State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening on all employees.
- _____ 3. A qualified registered professional nurse. Provide name and professional license number.
- _____ 4. Qualifications of manager/administrator including documentation of successful completion of examination administered by Aging Division.
- _____ 5. Qualifications of Dietary Manager.
- _____ 6. Copy of contract with Registered Dietitian.
- _____ 7. Copy of policy and procedure for the quality improvement program.
- _____ 8. Copy of policy and procedure on employee health, including tuberculin testing and communicable disease information.
- _____ 9. Copy of resident rights.
- _____ 10. Copy of written grievance procedure.
- _____ 11. Copy of policy and procedure on disaster and emergency preparedness.